SUB RECIPIENT INFORMATION

Information reported on this page needs to be reported with the first quarterly report. If information reported here changes, please update this report and make sure Commerce is alerted to the fact information has changed.

Name of Sub Recipient (Organization)

City of Seattle Parks & Rec (Seattle Conservation Corps

Name of Person Completing this Report	Cathie Andersen	
Phone Number	(206) 684-0190	
Email Address	cathie.andersen@seattle.gov	
Back up Person to Contact about Report	Daphne DeVenaro	
Phone Number	(206) 684-0190	
Email Address	daphne.devenaro@seattle.gov	

Sub Recipient's Primary Place of Performance			
Address 1 7727 63rd Ave NE			
Address 2	Suite 201		
City	Seattle		
State	WA		
Zip Code + 4	98115-8156		

	Sub Recipient's Contract Number (Sub Award Number)
F09-3201F-305	

Sub Recipient DUNS Number	All Sub Recipients must have a DUNS number.	
780285805	Further information is available at this URL: http://fedgov.dnb.com/webform.	
100203003		

Sub Recipient Indication of Reporting	determines whether you need to report the information		
Applicability	below. Click on the arrow in the bottom right corner of		
	the box to get the drop down menu and select "yes" or		
No	"no," as appropriate.		
110	no, as appropriate.		

If you entered "yes" in the box above, you must provide the following information on your five most highly compensated officers.

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Officer 1 Name	
Officer 1 Compensation	
Officer 2 Name	
Officer 2 Compensation	
Officer 2 Compensation	
Officer 3 Name	
Officer 3 Compensation	
Officer 4 Name	
Officer 4 Compensation	
Officer 5 Name	
Officer 5 Compensation	

Sub Recipent:

Contract #: F09-3201F-305

Reporting Period:

July 1 - September 30, 2010

Recovery Act Quarterly FTE Calculator

Instructions: Complete the information in the first four columns of the table below. Upon completion, your correct FTE total will be displayed on the line below. Note: This caluclator is an optional reference tool that, if used, should be submitted with your Sub Recipient ARRA 1512 Report to Commerce. Data reported is for the three months in the reporting period, not YTD or cumulative.

	<u>Nu</u>	2.13			
	1. ARRA Funded Employee(s) List Names, ID codes, etc. by Individual or by Group.	2. Basis for FTE Calculation Enter the number of hours in a week that the employer considers full-time. Most often, this will be 40.	3. Hours Worked in Quarter Enter the total number of hours worked in the Reporting Quarter by this individual employee or group identified in column 1.	4. Proportion of ARRA Funding Enter the percentage of this position's cost that is funded by the Recovery Act award.	ARRA-funded FTE's This calculation will be performed for you. The final number to be reported is listed above.
	Example	40	520	50.00%	0.50
1	Supervisor # 1	38	524	100%	1.06
2	Supervisor # 2	38	524	100%	1.06
3	Instructor #1	38	6	100.00%	0.01
4					
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6					
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QUARTERLY UPDATES

Information on this tab is cumulative, and must be updated quarterly.

Failure to report this information each quarter would be considered a material omission for purposes of contract compliance.

Jobs Data

Number of Jobs (FTEs)

2.13

Please use the worksheet provided on the "Qtly FTE Calculator" tab to calculate the ACTUAL (not estimated) quarterly FTE number you will report here, for the last quarter ended.

	Description of Job Types	
Provide a brief description of the types of jobs created or retained by selecting among the 2-digit NAICS codes provided. If you are unsure which one best fits any particular job, you may want to research the specific jobs listed under each of the 2-digit NAICS codes, via the NAICS website (Click on the link below, and look for the	Description of Job Types 61 Educational Services 81 Other Services (except Public Administration)	Click inside a cell to the left, then click on arrow to right of that cell to see a drop dowr menu of
below, and look for the "NAICS Drill Down Menu").		options.

Click Here to go to http://www.naics.com/search.htm.

Project Completion Status

Project Status			
100%	Enter a percentage number here that best represents the status of completion of you Recovery Act project or activity.		

SUB RECIPIENT'S VENDORS

This information is cumulative, and is updated quarterly. For any vendor, to whom you paid \$25,000 or more for goods or services (in any quarter) to help you carry out your Recovery Act program or project, you must supply the information requested. Each quarter you will need to add any new vendors not yet reported in previous quarters, and adjust the aggregated amount paid accordingly. Failure to report this information each quarter would be considered a material omission for purposes of contract compliance.

	ourposes of contract compliance.			
Vendor's				Aggregated Amount Paid
DUNS		Vendor HQ		Amount Paid
Number	Vendor's Name	Zip Code+4	Product/Service Description	to Vendor
	none			